



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (MDHSS)  
COMMUNITY FOOD AND NUTRITION ASSISTANCE – CHILD AND ADULT CARE FOOD PROGRAM  
**ENROLLMENT FORM FOR FAMILY CHILD CARE HOMES**

**NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.**

CHILD'S FULL NAME		DATE OF BIRTH	
PARENT OR GUARDIAN NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ( )
NAME OF CHILD CARE PROVIDER			PHONE NUMBER ( )
IS YOUR CHILD RELATED TO THE PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, HOW ARE THEY RELATED?		CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS HOME)

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION.
		CIRCLE AM OR PM	CIRCLE AM OR PM	
MON		AM PM	AM PM	
TUES		AM PM	AM PM	
WED		AM PM	AM PM	
THURS		AM PM	AM PM	
FRI		AM PM	AM PM	
SAT		AM PM	AM PM	
SUN		AM PM	AM PM	

**CHECK WHEN YOUR CHILD IS IN CARE AT THIS CHILD CARE HOME**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> FULL DAY CARE        | <input type="checkbox"/> BEFORE SCHOOL CARE           | <input type="checkbox"/> EVENING CARE   |
| <input type="checkbox"/> HALF DAY – MORNING   | <input type="checkbox"/> AFTER SCHOOL CARE            | <input type="checkbox"/> OVERNIGHT CARE |
| <input type="checkbox"/> HALF DAY – AFTERNOON | <input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE |   |

**CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CHILD CARE HOME**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BREAKFAST     | <input type="checkbox"/> LUNCH           | <input type="checkbox"/> SUPPER        |
| <input type="checkbox"/> MORNING SNACK | <input type="checkbox"/> AFTERNOON SNACK | <input type="checkbox"/> EVENING SNACK |

**CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CHILD CARE HOME**

- |  |  |
|--|--|
| <input type="checkbox"/> NEW YEARS DAY (JANUARY 1)               | <input type="checkbox"/> INDEPENDENCE DAY (JULY 4)   |
| <input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY (JANUARY) | <input type="checkbox"/> LABOR DAY (SEPTEMBER)       |
| <input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)              | <input type="checkbox"/> THANKSGIVING DAY (NOVEMBER) |
| <input type="checkbox"/> MEMORIAL DAY (MAY)                      | <input type="checkbox"/> CHRISTMAS DAY (DECEMBER 25) |

SIGNATURE OF PARENT OR GUARDIAN	DATE
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**ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM.**

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE